

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

Filed: 3/1/2017 4:47:11 PM
Dana DeBeauvoir
Travis County Clerk
C-1-PB-17-000442
Sophia Delacroix

C-1-PB-17-000442

DEPARTMENT OF STATE HEALTH SERVICES

VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS				STATE FILE NUMBER 142-16-191220	
STATE OF TEXAS CERTIFICATE OF DEATH					
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy)	
ROLAND WILLIAM TOEDT				FOUND DECEMBER 26, 2016	
3. SEX	4. DA (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country)
MALE		52			EVANSTON, IL
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
		<input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
10a. RESIDENCE STREET ADDRESS				10b. APT. NO.	10c. CITY OR TOWN
6206 LANDSCAPE DR.					AUSTIN
10d. COUNTY		10e. STATE		10f. ZIP CODE	10g. INSIDE CITY LIMITS?
TRAVIS		TEXAS		78735	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
PETER TOEDT			ESTELLA IRENE RAMIREZ		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct NO)		16. FACILITY NAME (If not institution, give street address)	
TRAVIS		AUSTIN, 78735		6206 LANDSCAPE DR.	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
ESTELLA SALOMON - MOTHER			2142 LONE ROCK DR., KINGWOOD, TX 77339		
19. METHOD OF DISPOSITION			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			Section 11 Block Lot 50 Space 1		
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)		
CALVARY HILL CEMETERY			HUMBLE, TX		
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		
DARST FUNERAL HOME			796 RUSSELL PALMER, KINGWOOD, TX 77339		
26. CERTIFIER (Check only one)					
<input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER			28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
VICKIE WILLOUGHBY, D.O., BY ELECTRONIC SIGNATURE			DECEMBER 28, 2016		15:42
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)					32. TITLE OF CERTIFIER
VICKIE WILLOUGHBY, D.O., P.O. BOX 1748, AUSTIN, TX 78767					DEPUTY ME
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PENDING Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of): d.					
34. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:		40. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)			
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. COUNTY OF INJURY	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
40e. LOCATION (Street and Number, City, State, Zip Code)					
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR	
0205140		JANUARY 6, 2017		REGISTRAR - CITY OF AUSTIN, ELECTRONICALLY FILED	
EDR NUMBER 000002022830					

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WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 192, 199a)



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VS-112 REV 1/2006

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ISSUED JAN 09 2017

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VICTOR A. FARINELLI
ACTING STATE REGISTRAR

JLF

